

Casework Authorization Form

Office of Congressman Gil Gutknecht
First District, Minnesota

NAME *(last, first, middle initial)*

ADDRESS

CITY

STATE

ZIP

E-MAIL

SSN

DOB

COUNTY

PHONE(S)

AGENCY INVOLVED

VET # *(if needed)*

*I respectfully request and authorize U.S. Congressman Gil Gutknecht to act on my behalf,
and to receive information from the proper officials regarding the following concern:*

*Note: The Privacy Act requires that you authorize access to your private records. Without
your authorization, an inquiry on your behalf will not be possible.*

SIGNED

DATED

Further, I authorize all information regarding this request be provided to:

OTHER AGENCY

*Also, if you want information from your file provided to anyone else, you must authorize this
by signing the second space provided.*

SIGNED

DATED
